

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1558

CERTIFICATE OF DEATH

REGISTRAR'S NO. 541

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Phoenix</b> )		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN <b>Phoenix</b> )	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>15 yrs   15 yrs</b>			
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <b>VA Hospital, Phoenix, Arizona</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1118 E. Monroe St.</b>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>William</b> B. (MIDDLE) <b>A.</b> C. (LAST) <b>Allsup</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <b>9</b> DAY <b>29</b> YEAR <b>1900</b>	8. AGE YEARS <b>50</b> MONTHS <b>5</b> DAYS <b>5</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Produce dealer</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes WWII</b>	13. SOCIAL SECURITY NO. <b>Unknown</b>
14A. FATHER'S NAME <b>Don Carlos Allsup</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>	15A. MOTHER'S MAIDEN NAME <b>Lula Ann Clark</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>				
16. INFORMANT'S SIGNATURE <b>VA Hospital Records, VA Hosp., Phoenix, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>March 4 1951</b>		

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE COM-TRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Insufficiency with Pulmonary Edema</b>		<b>1 day</b>
	DUE TO (b) <b>Acute Arteriosclerotic Coronary Thrombosis</b>		<b>4 days</b>
	DUE TO (c) <b>Hemorrhage of upper G.I. Tract</b>		<b>4 days</b>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Site &amp; Cause unknown</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>2-27-51</b> TO <b>3-4-51</b> AND THAT DEATH OCCURRED AT <b>9:30AM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <b>B.M. Lipschultz, M.D. Chief, Medical Service</b>	23B. ADDRESS <b>VA Hospital, Phoenix, Arizona</b>	23C. DATE SIGNED <b>3-6-51</b>

24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>3-6-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Veterans Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Prescott, Arizona</b>
25A. DATE REC'D BY LOCAL REG. <b>3/6/51</b>	25B. REGISTRAR'S SIGNATURE <b>Kaulak Johnston</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Henry J. Forman</b>	27. EMBALMER'S SIGNATURE <b>Henry J. Forman</b>
			ADDRESS <b>Phx.</b> CERT. NO. <b>150-A</b>